

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS2758AGZ</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/16/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE WATERFIELD MEMORY CARE COMMUNITY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>8880 W TROPICANA AVE LAS VEGAS, NV 89147</b>		
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Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey and a complaint investigation initiated on 2/11/10 and completed on 2/16/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility was licensed for 52 Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 47. Fifteen resident files were reviewed and fifteen employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of B.</p> <p>Complaint #NV00024463 was substantiated/unsubstantiated. See Tag Y515.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 105 SS=D	<p>449.200(1)(f) Personnel File - Background Check</p> <p>NAC 449.200</p> <p>1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include:</p> <p>(f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.</p>	Y 105		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 105	Continued From page 1  This Regulation is not met as evidenced by: Based on record review on 2/16/10, the facility failed to ensure 1 of 15 caregivers had current, at least once every 5 years, criminal history background checks completed (Employee #11).  Severity: 2    Scope: 1	Y 105		
Y 255 SS=F	449.217(6)(a)(b) Permits - Comply with NAC 446 on Food Service  NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division.  This Regulation is not met as evidenced by: Based on observation on 2/16/10, the facility failed to comply with the standards prescribed in chapter 446 of NAC. The following citations were identified:  1. Critical Violations a. The person washing dishes did not wash her hands before handling clean kitchenware and tableware, after she had handled soiled	Y 255		

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Y 255	Continued From page 2  kitchenware and tableware.  2. Cleaning and Sanitation Violations a. The floors were soiled in the food preparation and warewashing areas, especially under the equipment and along the wall/floor junctures.  b. The ceiling vent and the ceiling surrounding the ceiling vent were soiled in the kitchen.  c. The microwaves in the serving stations had food splashed on their interiors, and the can opener in the kitchen had food debris on the blade.  d. The sugar bin and flour bin were not labeled as to their contents.  3. Equipment and Maintenance Violations a. The mop room was disorganized, with the mops stored soiled in the bucket, a bottle of water stored on the chemical storage shelf, and an unlabeled spray bottle of cleaning product on the the chemical storage shelf.  Severity: 2    Scope: 3	Y 255			
Y 515 SS=G	449.259(1)(a) Supervision of Residents  NAC 449.259 1. A residential facility shall: (a) Provide each resident with protective supervision as necessary.  This Regulation is not met as evidenced by:	Y 515			

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Y 515	<p>Continued From page 3</p> <p>Based on interview and record review from 2/11/10 to 2/16/10, the facility failed to provide protective supervision as necessary for 1 of 17 residents (Resident #17).</p> <p>Findings include:</p> <p>The facility is licensed to care for persons with Alzheimer's disease.</p> <p>According to a "Timeline and final investigation" report from the facility on 2/5/10 at approximately 8:20 PM, Resident #17 was discovered missing from the facility. The care staff looked for Resident #17 throughout the building and were not able to locate her.</p> <p>On 2/5/10 at 9:20 PM the medication technician, who discovered Resident #17 was missing, called the administrator and the administrator directed the medication technician to call the police.</p> <p>On 2/5/10 at 10:45 PM the facility received a call from a local Wal-Mart stating they had a woman that might be one of their residents. Wal-Mart was located approximately one mile from the facility across Clark County 215, a busy six lane highway.</p> <p>On 2/5/10 at 11:00 PM the resident was returned to the facility. Resident #17 was examined by the paramedics and determined to be healthy.</p> <p>A missing person incident report #LLV100205003810 was obtained from the Las Vegas Metropolitan Police Department. The incident report documented the following: *Resident #17 was last seen inside the care facility 2/5/10 at approximately 1900 hours (7:00 PM).</p>	Y 515		

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Y 515	Continued From page 4  * The facility was searched, but Resident #17 was not located. * Resident #17 suffers from severe dementia and was unable to care for herself. * Resident #17 was located at Wal-Mart and returned to the facility.  On 2/11/10 at 9:48 AM during a telephone interview, Resident #17's daughter stated she was unsure how her mother got out of the facility. She stated Resident #17 had a history of wandering.  On 2/16/10 at 2:25 PM Employee #9 stated the facility was unsure how Resident #17 got out of the facility. Their best guess was that Resident #9 followed another resident's family member out of the facility.  The facility failed to provide protective supervision to Resident #17, who suffered from Alzheimer's disease, to ensure she did not wander unsupervised from the facility.  Severity: 3    Scope: 1	Y 515		
Y 859 SS=D	449.274(5) Periodic Physical examination of a resident  NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician.	Y 859		

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Y 859	Continued From page 5  This Regulation is not met as evidenced by: Based on record review on 2/16/10, the facility failed to ensure 1 of 15 residents received an annual physical (Resident #5).  This was a repeat deficiency from the 3/27/09 State Licensure survey.  Severity: 2 Scope: 1	Y 859			
Y 878 SS=E	449.2742(6)(a)(1) Medication / Change order  NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order.  This Regulation is not met as evidenced by: Based on record review and interview on 2/16/10, the facility failed to ensure that 4 of 15 residents (Resident #5, #7, #8, and #15) received medications as prescribed.  Resident #5 was prescribed:	Y 878			

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Y 878	<p>Continued From page 6</p> <p>*Travatan .004% one drop in both eyes at bedtime. Resident #5 missed two doses on 12/26/09 and 12/27/09, the medication technician documented the medication was unavailable. Resident #7 was prescribed:</p> <p>*Fruosemide 20 milligrams (mg) one tablet twice a day at 8:00 AM and 4:00 PM. Resident #7 missed one 4:00 PM dose on 12/9/09 the medication technician documented not given waiting for delivery.</p> <p>*Potassium Chloride 10 meq one tablet by mouth twice a day at 8:00 AM and 4:00 PM. Resident #7 missed one 4:00 PM dose on 12/9/09 the medication technician documented not given waiting for delivery.</p> <p>Resident #8 was prescribed:</p> <p>*Carafate 1 gm/10ml 10 mls twice a day at 8:00 AM and 4:00 PM. Resident #8 missed one 4:00 PM dose on 12/6/09 and one 8:00 AM dose on 12/7/09 the medication technician documented not given waiting for delivery.</p> <p>Resident #15 was prescribed:</p> <p>*Advair 100-50 mcg 1 puff twice a day at 8:00 AM and 4:00 PM. The resident missed one 4:00 PM dose on 1/4/10 the medication technician documented waiting for delivery.</p> <p>Severity: 2 Scope: 2</p>	Y 878			

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